

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Guthrie For Congress

Full Name (Last, First, Middle Initial)

A. Capital One Bank, N.A.

Mailing Address PO Box 71083

City	State	Zip Code
Charlotte	NC	28272-1083

Purpose of Disbursement
46.50

002

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		23		2015

Amount of Each Disbursement this Period

46.5

Transaction ID : B-E-10753

Original vendors exceeding reporting threshold itemized as memo transactions.

B. IRS Center

Mailing Address Irs Center

City	State	Zip Code
Ogden	UT	84201-0001

Purpose of Disbursement
tax

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		04		2015

Amount of Each Disbursement this Period

401.41

Transaction ID : B-E-10591**c. Capital One Bank, N.A.**

Mailing Address PO Box 71083

City	State	Zip Code
Charlotte	NC	28272-1083

Purpose of Disbursement
airfare

002

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		22		2015

Amount of Each Disbursement this Period

2268.7

Transaction ID : B-E-10504

Original vendors exceeding reporting threshold itemized as memo transactions.

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2716.61